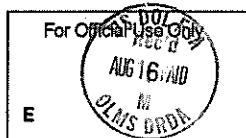


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7783</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>James</u> <u>L</u> <u>Savell</u> P.O. Box, Bldg., Room No., if any Street <u>507 North Street</u> City <u>Brandon</u> State <u>Mississippi</u> ZIP Code + 4 <u>39042</u>	4. Name, file number, and address of labor organization. Name <u>Iron Workers Local Union No. 469</u> Labor Organization File Number <u>021-439</u> P.O. Box, Building and Room Number, if any Street <u>1231 Morson Road</u> City <u>Jackson</u> State <u>Mississippi</u> ZIP Code + 4 <u>39209</u>
5. Position in labor organization. <u>F. S. T.-Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>J. Savell</u>	On <u>08-09-05</u> Date	<u>601-922-1414</u> Telephone Number

Name of Person Filing James Savell	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="Iron Workers Welfare Fund"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="Suite 517"/></p> <p>Street <input style="width: 80%;" type="text" value="2450 Severn Avenue"/></p> <p>City <input style="width: 80%;" type="text" value="Metairie"/></p> <p>State <input style="width: 20%;" type="text" value="Louisiana"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="70001"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Health Insurance Plan for Local 469. </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Working lunch received in conjunction with Board of Trustee Meetings. 1-8-04 \$11.36 4-15-04 9.40 8-5-04 10.02 </div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$31"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p>

Name of Person Filing James Savell

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Zenith Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2540 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Pension Plan Administrator

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Co-Sponsor for dinner held in conjunction with
Trustee Meeting 7-12-04. \$37.66

12.b. Amount.

\$38

Name of Person Filing James Savell

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Iron Workers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Retirement Plan for Local 469 Members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Working lunch in conjunction with Board of Trustee
Meetings: 3-24-04 \$17.56 7-12-04 \$24.78
7-13-04 25.12 9-29-04 33.00
Segal Advisors Educational Conference 2-24-04
\$850.00
IFEBC Conference 11-14-16-04 \$960.00.

12.b. Amount.

Name of Person Filing James Savell

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Robein, Urann, & Lurye

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 2540 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70002

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Iron Workers Mid-South Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 517

Street 2450 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70001

11.a. Nature of such dealing.

Pension Plan Attorney

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Co-Sponsor for dinner held in conjunction with
Trustee meeting:

7-12-04 \$37.65

Christmas Basket:

12-9-04 \$36.95

12.b. Amount.